

L130000069095

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 19 2014

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Core Planning, LLC
Name of Limited Liability Company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARLON JONES
Name of Person

Core Planning
Firm/Company

125 S. ALCAINZ ST STE 3
Address

PENSACOLA, Florida 32502
City/State and Zip Code

MARLONLANDIS863@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARLON JONES at (863) 614-4484
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Core Planning, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/10/2013 and assigned Florida document number L13000069095

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

125 S. ALCAINE ST NW
Ste 3 NW
PANAMA, FL 32502 NW

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Steven Zareck	P.O. Box 30359	<input type="checkbox"/> Add
		Pensacola, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

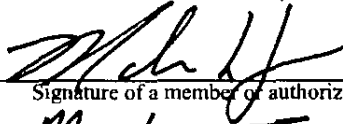
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14 MAY 1981
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TALAMON, E. J.
FBI : 35

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 2, 2014



Signature of a member or authorized representative of a member

MARLON JONES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00


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TALLAHASSEE, FLORIDA

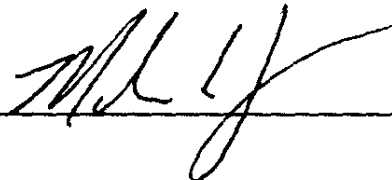
05/02/2014

To Whom It May Concern,

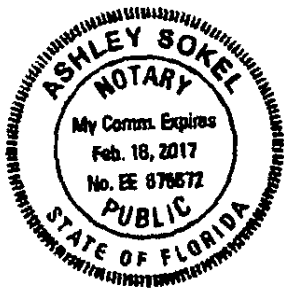
RE: Core Planning LLC organized under the laws of the state of Florida; registration number
L13000069095:

I, Steven Zareck, hereby resign as a managing member of this limited liability company and will not
receive a buyout of any amount or consideration of any kind and do hereby swear that the above
mentioned limited liability company has been notified of my resignation in writing.

 Date 5/2/14 Signature of
Resigning Member, Managing Member or Manager

Witness #1) 

Notary Signature 2)  5/2/14



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